

AMENDED IN ASSEMBLY MAY 1, 2007

AMENDED IN ASSEMBLY APRIL 16, 2007

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

## **ASSEMBLY BILL**

**No. 1461**

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**Introduced by Assembly Member Krekorian**

February 23, 2007

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An act to add Article 4.5 (commencing with Section 11774) to Chapter 1 of Part 2 of Division 10.5 of the Health and Safety Code, and to amend Section 10369.12 of the Insurance Code, relating to alcohol and drug abuse.

### LEGISLATIVE COUNSEL'S DIGEST

AB 1461, as amended, Krekorian. Alcohol and drug abuse.

(1) Existing law requires the State Department of Alcohol and Drug Programs to administer certain programs and studies related to alcohol and drug abuse recovery and to license, certify, and regulate alcoholism or drug abuse recovery or treatment facilities.

Existing law requires the department to develop and implement a statewide campaign designed to deter initial and continued use of methamphetamine in California, and authorizes the department to accept voluntary contributions, in case or in-kind, for purposes of this provision. Existing law authorizes the department to develop and implement a limited campaign to deter the abuse of methamphetamine for the 2006–07 fiscal year if the Director of Finance determines that at least \$500,000 of private donations have been collected and deposited into a specified account.

This bill would require the department to initiate and conduct a 2-year pilot project to demonstrate the efficacy and cost effectiveness of a

specified early methamphetamine intervention model in identifying and diverting methamphetamine addicts. The bill would require an unspecified entity to collect and analyze data regarding the pilot project and provide a report as specified. The bill would require the department, no later than January 1, 2009, to develop protocols that can be adopted by hospital emergency departments in the state that choose to implement screening and referral services consistent with the pilot project established by the bill.

(2) Existing law authorizes a disability policy to provide that the insurer is not liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician.

This bill would exclude a health insurance policy from the application of the above-described provision.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. The Legislature hereby finds and declares all of
- 2 the following:
- 3 (a) The level of methamphetamine use in California constitutes
- 4 a significant public health problem.
- 5 (b) The impact of methamphetamine use falls heavily on our
- 6 health care system and emergency rooms are a common portal of
- 7 entry for more severe cases.
- 8 (c) Fifty-six percent of hospitals nationwide say their costs have
- 9 risen because of methamphetamine-related patient care, which is
- 10 rarely covered by private insurance.
- 11 (d) Emergency rooms in Los Angeles, San Diego, and San
- 12 Francisco reported a 43-percent increase between 1998 and 2002
- 13 in medical record mentions of methamphetamine.
- 14 (e) The U.C. Davis Medical Center has found that
- 15 methamphetamine-involved patients using the emergency room
- 16 are three times more likely to arrive by ambulance, two and a half
- 17 times more likely to require hospitalization, and far less likely to
- 18 be insured.
- 19 (f) Scripps Mercy Hospital in San Diego confirmed that a
- 20 screening of trauma patients by a trauma center found that 59
- 21 percent were at risk for alcohol and other drug problems.

1 (g) It is well established that brief counseling about addiction  
2 treatment has a significant positive impact during and after periods  
3 of crisis.

4 (h) Emergency room interventions have the potential of engaging  
5 people in treatment before they enter the criminal justice system.

6 (i) Outreach contacts patterned after the public health model  
7 with infectious diseases keep people connected to the healthcare  
8 system while demonstrating a compassionate response to their  
9 suffering.

10 (j) However, emergency room physicians are often reluctant to  
11 order toxicology screens or to diagnose methamphetamine abuse  
12 because of legal implications for the patient, negative insurance  
13 implications for the hospital, a lack of training in substance abuse,  
14 and inadequate resources for referral and followup.

15 (k) The California Screening and Brief Intervention Referral  
16 Treatment Project—(~~CASBRIT~~) (*CASBIRT*) is carrying out a  
17 federally funded pilot screening project at 17 medical sites in  
18 California. ~~CASBRIT's~~ *CASBIRT's* interim reports found that over  
19 260,000 individuals were screened, and 190,000 received services.  
20 During follow up assessments, 63 percent of drug users had  
21 abstained from drugs in the previous 30 days. The report also found  
22 that 60 percent of risky and harmful drinkers reduced their drinking  
23 to low levels.

24 (l) California should pilot a methamphetamine early intervention  
25 model that provides adequate circumstances and tools in emergency  
26 rooms, is scalable, is cost effective, and may eventually be  
27 implemented on a statewide basis.

28 (m) The pilot project should be located in one rural and one  
29 urban county so that the impact of services can be evaluated on  
30 two different populations, but should not include medical sites  
31 covered by ~~CASBRIT~~ *CASBIRT*.

32 (n) A pilot program should ensure that emergency room  
33 physicians and pilot project personnel have adequate time,  
34 authority, and training to respond effectively to methamphetamine  
35 abusers in crisis.

36 (o) The confidentiality of test results is required to avoid the  
37 erection of barriers to healthcare for methamphetamine users.

38 (p) The pilot project should focus on ensuring the proper  
39 diagnosis and initiating the appropriate services in the emergency

1 room so that patients will be encouraged to access care that they  
2 need.

3 SEC. 2. Article 4.5 (commencing with Section 11774) is added  
4 to Chapter 1 of Part 2 of Division 10.5 of the Health and Safety  
5 Code, to read:

6  
7 Article 4.5. Methamphetamine Deterrence Pilot Program  
8

9 11774. (a) The department shall initiate and conduct a two-year  
10 pilot project to demonstrate the efficacy and cost effectiveness of  
11 an early methamphetamine intervention model in identifying and  
12 diverting methamphetamine addicts into treatment before they  
13 enter the criminal justice system. ~~In this model, either Pursuant~~  
14 ~~to this project,~~ physicians and surgeons who specialize in the  
15 treatment of addiction ~~or,~~ state-licensed psychotherapists, as  
16 defined in Section 1010 of the Evidence Code, who are competent  
17 in the treatment of addictions, ~~or both~~ *health educators*, shall assist  
18 emergency room physicians and surgeons in identifying patients  
19 *within a participating emergency department* for toxicological  
20 screening and providing ~~the appropriate intervention services or~~  
21 *a referral for treatment as a critical step toward early intervention.*  
22 ~~In addition, outreach~~ *Patients who participate in the program and*  
23 *provide consent shall then be screened for addiction, and indicators*  
24 *of addiction, to methamphetamine. Outreach workers shall provide*  
25 *followup outreach to those who receive this initial intervention to*  
26 *assess the effectiveness of early intervention and its impact on*  
27 *addictive behavior. This section shall not be construed to require*  
28 *a physician and surgeon to personally provide the screening or to*  
29 *lessen applicable federal and state laws regarding evidentiary and*  
30 *other legal privileges, patient confidentiality, and privacy*  
31 *requirements.*

32 (b) (1) The department shall receive applications from counties  
33 that volunteer to participate in the pilot project, and shall select  
34 two counties from these applications. One of the selected counties  
35 shall have a population of between 150,000 and 1,000,000 persons.  
36 The other shall have a population of over 1,000,000 persons. To  
37 ensure diversity in county size and to limit the cost of the pilot  
38 project, the smaller county shall have at least one, but no more  
39 than \_\_\_\_ hospital emergency rooms. The larger county shall have  
40 at least \_\_\_\_ but no more than \_\_\_\_ hospital emergency rooms.

1 (2) If more than one county in each population category wishes  
2 to participate in the pilot project, the department shall select the  
3 participating counties based on a formula that includes the number  
4 of annual arrests for methamphetamine sales and use per capita  
5 and the number of persons per capita in treatment annually for  
6 methamphetamine abuse.

7 11774.1. Within the first six months of the pilot project, the  
8 department shall convene a working group of stakeholders,  
9 including, but not limited to, physicians and surgeons who  
10 specialize in addiction medicine, emergency room physicians and  
11 surgeons, licensed substance abuse counselors, and public health  
12 outreach workers. The working group shall refine program  
13 parameters, after review of the California Screening and Brief  
14 Intervention Referral and Treatment Project, and the Washington  
15 State Screening, Brief Intervention, Referral, Treatment Program  
16 which were funded through the federal Center for Substance Abuse  
17 Treatment.

18 11774.2. Between the first six months and the first 18 months  
19 of the pilot project, the \_\_\_\_ shall collect data regarding the  
20 operation of the pilot project. The data shall include the number  
21 of patients who test positive for methamphetamine or other drugs,  
22 the type of intervention given, results of that intervention after six  
23 months, program cost per patient, and, to the extent possible, the  
24 medical cost savings per patient. The data shall also indicate the  
25 levels of emergency room staff, patient, and health insurer  
26 satisfaction with the pilot project. The \_\_\_\_ shall then analyze the  
27 data and prepare a report to be provided to the health committees  
28 of the Senate and Assembly by March 31 of the second year  
29 following the year that the pilot project is initiated.

30 11774.3. (a) In conjunction with other pilot project  
31 stakeholders, the department shall seek funds from the federal  
32 government and private foundations to fund the pilot project.

33 (b) The department shall, no later than January 1, 2009, develop  
34 standardized protocols that can be adopted by hospital emergency  
35 departments in the state that choose to implement screening and  
36 referral services consistent with the pilot project established by  
37 this article. These protocols shall include funding recommendations  
38 to provide services to persons with private and public health plans,  
39 as well as those who are uninsured, and recipients of other publicly  
40 financed coverage. The department shall also issue

1 recommendations to fund a statewide screening and services project  
2 consistent with the objectives of the pilot project described in this  
3 article.

4 SEC. 3. Section 10369.12 of the Insurance Code is amended  
5 to read:

6 10369.12. (a) A disability policy may contain a provision in  
7 the form set forth herein.

8 Intoxicants and controlled substances: The insurer shall not be  
9 liable for any loss sustained or contracted in consequence of the  
10 insured's being intoxicated or under the influence of any controlled  
11 substance unless administered on the advice of a physician.

12 (b) Subdivision (a) shall not apply to a health insurance policy.